

## ISSUE SLIP SUPPLY AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M		04/21/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	N	S88	5-17-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
101	12-28-01
102	6/1/01
103	10/4/01
104	1/23/02
105	8-5-01
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	✓ ✓ ✓ ✓ ✓ ✓
125	✓ ✓ ✓ ✓ ✓ ✓
126	✓ ✓ ✓ ✓ ✓ ✓
127	✓ ✓ ✓ ✓ ✓ ✓
128	✓ ✓ ✓ ✓ ✓ ✓
129	✓ ✓ ✓ ✓ ✓ ✓
130	✓ ✓ ✓ ✓ ✓ ✓
131	✓ ✓ ✓ ✓ ✓ ✓
132	✓ ✓ ✓ ✓ ✓ ✓
133	✓ ✓ ✓ ✓ ✓ ✓
134	✓ ✓ ✓ ✓ ✓ ✓
135	✓ ✓ ✓ ✓ ✓ ✓
136	✓ ✓ ✓ ✓ ✓ ✓
137	✓ ✓ ✓ ✓ ✓ ✓
138	✓ ✓ ✓ ✓ ✓ ✓
139	✓ ✓ ✓ ✓ ✓ ✓
140	✓ ✓ ✓ ✓ ✓ ✓
141	✓ ✓ ✓ ✓ ✓ ✓
142	✓ ✓ ✓ ✓ ✓ ✓
143	✓ ✓ ✓ ✓ ✓ ✓
144	✓ ✓ ✓ ✓ ✓ ✓
145	✓ ✓ ✓ ✓ ✓ ✓
146	✓ ✓ ✓ ✓ ✓ ✓
147	✓ ✓ ✓ ✓ ✓ ✓
148	✓ ✓ ✓ ✓ ✓ ✓
149	✓ ✓ ✓ ✓ ✓ ✓
150	✓ ✓ ✓ ✓ ✓ ✓

If more than 150 claims or 10 actions  
staple additional sheet here